

REQUEST FOR PAYMENT (*REIMBURSEMENT*) FORM – FFY 2005 PROGRAM FUNDS

LIBRARY SERVICES AND TECHNOLOGY ACT – PL 108-81, AS AMENDED

FOR SCSL USE ONLY --
LSTA Sub-Grant Award #: _____
FFY 2005 Program Funds
CFDA No. 45.310
Appropriations enacted by P.L. 108-447

#LS-00-05-0041-05
South Carolina State Library
1430 Senate Street
P.O. Box 11469
Columbia SC 29211

Sub-Grant Project Title: _____

I. Sub-grantee (*organization*) Name: _____ Date: _____

II. Project Administrator _____ Phone: _____ E-mail: _____

III. Fiscal Officer _____ Phone: _____ E-mail: _____

USE THIS FORM TO REQUEST REIMBURSEMENT PAYMENTS ONLY

IV.	Total Award	Funds Expended To Date	Reimbursement Received To Date	Advance Received To Date	Total Amount Requested*
Personal Services	\$	\$	\$	\$	\$
Library Materials	\$	\$	\$	\$	\$
Equipment	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

I certify that to the best of my knowledge and belief, the information above is correct and complete and that all expenditures are for purposes set forth in the approved LSTA sub-grant.

Submitted by: (Print Name) _____ Title: _____

Signature: _____ Date: _____

***Attach documentation – See Instructions**